

# INDIANA

## Non-Emergency Medical Transportation Provider Agreement

---

**Southeastrans, Inc.**

**TABLE OF CONTENTS**

TABLE OF CONTENTS .....2

SIGNATURE PAGE.....3

1. DEFINITIONS.....4

2. BROKER DUTIES AND RESPONSIBILITIES .....4

3. PROVIDER DUTIES AND RESPONSIBILITIES.....5

4. TERM AND TERMINATION.....5

5. INDEMNIFICATION .....6

6. INSURANCE.....6

7. LIQUIDATED DAMAGES.....7

8. CONFIDENTIALITY AND USE OF RECORDS.....7

9. RELATIONSHIP OF THE PARTIES .....7

10. THIRD-PARTY RIGHTS.....8

11. ARBITRATION; WAIVER OF CLASS ACTION; AND CONSOLIDATION OF CLAIMS.....8

12. MISCELLANEOUS.....8

13. FEDERAL PROVISIONS .....9

SCHEDULE A: PAYMENT ADMINISTRATION .....11

SCHEDULE B: SCOPE OF WORK.....15

SCHEDULE C: LIQUIDATED DAMAGES.....27

SCHEDULE D: BUSINESS ASSOCIATE SUBCONTRACTOR AGREEMENT .....29

SCHEDULE E: FRAUD AND ABUSE DISCLOSURE .....32

SCHEDULE F: ELECTRONIC EQUIPMENT AGREEMENT .....35

**SIGNATURE PAGE**

In consideration of the promises, covenants, and warranties stated, the Parties agree as set forth in this Agreement. The Authorized Representative of each party acknowledges, warrants, and represents that the Authorized Representative has the authority and authorization to act on behalf of its Party. The Authorized Representative further acknowledges receipt and review of this Agreement in its entirety, including all referenced Schedules. The Authorized Representative of Provider further agrees to comply with the NEMT Program Requirements set forth in the Scope of Work. The Authorized Representative for each Party executes this Agreement with the intent to bind the Parties in accordance with this Agreement.

Date of Agreement (“**Effective Date**”):

**PROVIDER SIGNATURE AND INFORMATION:**

Provider’s Legal Name (“**Provider**”) – Matching the applicable tax form (i.e. W-9, Line 1):

Authorized Representative’s Signature:	Authorized Representative’s Name – Printed:
Authorized Representative’s Title:	Authorized Representative’s Signature Date:
Telephone Number:	Fax Number – Official Correspondence:
Mailing Address – Official Correspondence:	Payment Address – If different than Mailing Address:
IRS 1099 Address—If different than Mailing Address:	Tax ID Number – As listed on corresponding tax form:
NPI – Corresponds to the above Tax ID Number (if applicable):	Email Address—Official Correspondence

**BROKER SIGNATURE AND INFORMATION:**

Southeastrans, Inc. (“ <b>Broker</b> ”)	
Authorized Representative’s Signature:	Authorized Representative’s Name – Printed:
Authorized Representative’s Title:	Authorized Representative’s Countersignature Date:
Mailing Address – Official Correspondence:	Email Address – Official Correspondence:







































































